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7590

09/15/2004

Andrew S. Fuller  
 Motorola, Inc.  
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 8000 West Sunrise Boulevard  
 Fort Lauderdale, FL 33322

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<b>Dawn M. Hebein</b>	(Depositor's name)
<i>Dawn M. Hebein</i>	(Signature)
<b>10-20-2004</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/041,052	01/07/2002	Matthew R. Perkins	CM033811	1946

TITLE OF INVENTION: TWO-DIMENSIONAL ANGLE OF ARRIVAL DETECTION DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	<del>6130</del> 1370	\$300	<del>3160</del> 1670	12/15/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
STAFIRA, MICHAEL PATRICK	2877	356-121000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. 10/20/2004 AKELECH2 00000094 502117 10041052

(A) NAME OF ASSIGNEE

Motorola, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Schaumburg, IL

01 EC:1501  
02 EC:15041370.00 DA  
300.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies \_\_\_\_\_

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502117 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature \_\_\_\_\_

Date 10-17-04Typed or printed name Kenneth A. HaasRegistration No. 42,614

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